

AT 3/25/16

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation Augusta
Street or Road 65 Camp Rd
Subdivision, Lot # M11 L100

OWNER/APPLICANT INFORMATION

Name (Last, First, MI) Catherine Bonduan ☐ Owner ☐ Applicant
Mailing Address of Owner/Applicant 378 Hallowell Rd
Chelsea, ME
Daytime Tel. # _____

>> CAUTION: LPI APPROVAL REQUIRED <<

AUGUSTA PERMIT #7232
Date Permit Issued: 5/25/16
X/way R. Smith

TOWN COPY
\$ 150.00 fee
LPI # 850

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
Catherine Bonduan
Signature of Owner or Applicant Date: _____

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
(1st) date approved _____
Local Plumbing Inspector Signature _____ (2nd) date approved _____

PERMIT INFORMATION

TYPE OF APPLICATION
☐ 1. First Time System
☒ 2. Replacement System
Type replaced: _____
Year installed: _____
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. >25% Expansion
☐ 4. Experimental System
☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES
☒ 1. No Rule Variance
☐ 2. First Time System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 3. Replacement System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 4. Minimum Lot Size Variance
☐ 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS
☐ 1. Complete Non-engineered System
☐ 2. Primitive System (graywater & alt. toilet)
☐ 3. Alternative Toilet, specify: _____
☒ 4. Non-engineered Treatment Tank (only)
☐ 5. Holding Tank, _____ gallons
☐ 6. Non-engineered Disposal Field (only)
☐ 7. Separated Laundry System
☐ 8. Complete Engineered System (2000 gpd or more)
☐ 9. Engineered Treatment Tank (only)
☐ 10. Engineered Disposal Field (only)
☐ 11. Pre-treatment, specify: _____
☐ 12. Miscellaneous Components

SIZE OF PROPERTY
10 Acres ☐ SQ. FT. ☐ ACRES
SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
☐ 1. Single Family Dwelling Unit, No. of Bedrooms: _____
☐ 2. Multiple Family Dwelling, No. of Units: _____
☐ 3. Other: _____ (specify)
Current Use ☐ Seasonal ☐ Year Round ☐ Undeveloped

TYPE OF WATER SUPPLY
☐ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
☒ 1. Concrete
☐ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other: 1000
CAPACITY: _____ GAL.

DISPOSAL FIELD TYPE & SIZE
☐ 1. Stone Bed ☐ 2. Stone Trench
☐ 3. Proprietary Device
☐ a. cluster array ☐ c. Linear
☐ b. regular load ☐ d. 11-20 load
☐ 4. Other: _____
SIZE: _____ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT
☐ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, specify one below:
☐ a. multi-compartment tank
☐ b. _____ tanks in series
☐ c. increase in tank capacity
☐ d. Filter on Tank Outlet

DESIGN FLOW
_____ gallons per day
BASED ON:
☐ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION _____
at Observation Hole # _____
Depth _____"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
☐ 1. Medium---2.6 sq. ft. / gpd
☐ 2. Medium---Large 3.3 sq. ft. / gpd
☐ 3. Large---4.1 sq. ft. / gpd
☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
☐ 1. Not Required
☐ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. _____d _____m _____s
Lon. _____d _____m _____s
if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on _____ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature _____ SE # _____ Date _____
Site Evaluator Name Printed _____ Telephone Number _____ E-mail Address _____